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APR 03 2006

DATE: April 3, 2006

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FOR: Examiner Charles G. Freay

COMPANY: USPTO

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FROM: Michael Malinzak 

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COMMENTS:

Re: Application No. 10/726,713, Filed 12/03/2003
Inventor: Stephen M. Seibel et al.
Art Unit: 3746
Attorney Docket: 0315-000482/COB

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APR 03 2006

PTO/SB/21 (04-04)

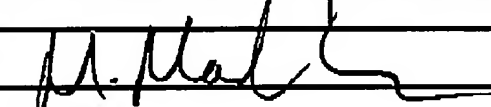
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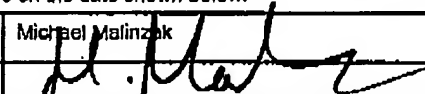
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,713
	Filing Date	12/03/2003
	First Named Inventor	Stephen M. Seibel et al.
	Art Unit	3746
	Examiner Name	Charles G. Freay
Total Number of Pages in This Submission	Attorney Docket Number	0315-000482/COB

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. **Amendment is Under 37 C.F.R. 1.312		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harnes, Dickey & Pierce, P.L.C.	Attorney Name	Michael Malinzak
		Reg. No.	43,770
Signature			
Date	Apr 3, 2006		

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Signature		Date	April 3, 2006

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APR 03 2006

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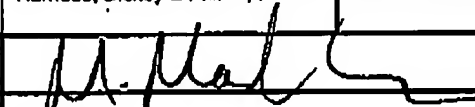
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/726,713
	Filing Date	12/03/2003
	First Named Inventor	Stephen M. Seibel et al.
	Art Unit	3746
	Examiner Name	Charles G. Freay
Total Number of Pages in This Submission	Attorney Docket Number	0315-000482/COB

ENCLOSURES (check all that apply)

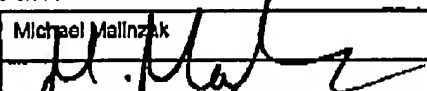
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. **Amendment is Under 37 C.F.R. 1.312		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harnes, Dickey & Pierce, P.L.C.	Attorney Name	Michael Mallinak	Reg. No.	43,770
Signature					
Date	April 3, 2008				

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400

Complete if Known

Application Number	10/728,713
Filing Date	12/03/2003
First Named Inventor	Stephen M. Seibel et al.
Examiner Name	Charles G. Freese
Art Unit	3748
Attorney Docket No.	0315-000482/COB

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
87	-79 or HP= 8	x 50 = 400
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____	- 3 or HP= 0	x _____ = 0
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	= 0	/ 50 = 0 (round up to a whole number) x	= 0	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,770	Telephone	248-641-1600
Name (Print/Type)	Michael Mallinjak	Date	April 3, 2006		

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/726,713
Filing Date: 12/03/2003
Applicant: Stephen M. Seibel et al.
Group Art Unit: 3746
Examiner: Charles G. Freay
Title: DUAL VOLUME-RATIO SCROLL MACHINE
Attorney Docket: 0315-000482/COB

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT UNDER 37 C.F.R. 1.312

Sir:

Please amend the application as follows and consider the remarks set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 19 of this paper.

04/05/2006 EFLORES 00000039 080750 10726713

01 FC:1202 400.00 DA